

Atty Docket No. 018158-018610US

PTO FAX NO.: 703-872-9306

ATTENTION: Examiner Shay, David M.

Group Art Unit 3739

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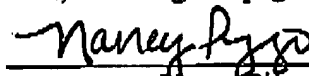
Application No. 10/006,992 filed on December 6, 2001

for DIRECT WAVEFRONT-BASED CORNEAL ABLATION TREATMENT PROGRAM

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Documents Attached

1. SB/21 - Transmittal Form (1 pg)
2. Notice of Appeal (1 pg)
3. Amendment After Final (9 pgs)

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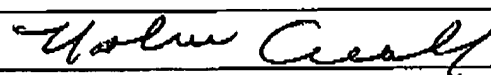
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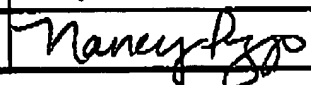
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PTO/SB/21 (09-04)

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/006,992
	Filing Date	December 6, 2001
	First Named Inventor	STARK, LAWRENCE W.
	Art Unit	3739
	Examiner Name	Shay, David M.
Total Number of Pages In This Submission		Attorney Docket Number 018158-018610US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

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